

# Missouri Division of Aging



1990 - 1991  
State Plan

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## VERIFICATION OF INTENT

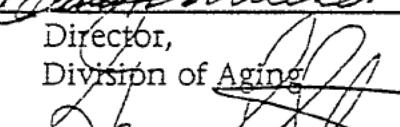
The State Plan on Aging is hereby submitted for the State of Missouri for the period July 1, 1989 through June 30, 1991. It includes all assurances and plans to be conducted by the Department of Social Services/ Division of Aging under provisions of the Older Americans Act, as amended, during the period identified. The State Agency identified has been designated the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all state activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of social services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the older persons in the state.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Commissioner, Administration on Aging.

The State Plan on Aging hereby submitted, has been developed in accordance with all rules and regulations specified under the Older Americans Act.

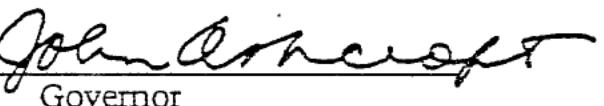
\_\_\_\_\_  
(Date)

(Signed)   
\_\_\_\_\_  
Director,  
Division of Aging

(Signed)   
\_\_\_\_\_  
Director  
Department of Social Services

I hereby approve this State Plan on Aging and submit it to the Commissioner on Aging for approval.

August 25, 1989  
(Date)

(Signed)   
\_\_\_\_\_  
Governor



GOVERNOR'S ADVISORY COUNCIL ON AGING  
P. O. BOX 1337  
JEFFERSON CITY, MISSOURI  
(314) 751-3082

August 9, 1989

Edwin L. Walker, Director  
Missouri Division of Aging  
Box 1337  
Jefferson City, MO 65102

Dear Edwin:

On behalf of the Governor's Advisory Council on Aging I am pleased to endorse the Missouri Division of Aging State Plan for 1990 - 1991. The issues identified and the goals and objectives designed to address those issues are consistent with the needs of older adults in Missouri.

We are pleased to have had the opportunity to review the plan, to participate in the public forums conducted throughout the state, and to submit our comments for effective service delivery.

We look forward to continued coordination with the Division of Aging to better serve older Missourians in need.

Sincerely,

Barry Seward  
Chairman

BS/pw

## **STATE PLAN INTRODUCTION**

State units on aging are required to submit a State Plan on Aging in order to qualify for federal funds for state and community programs authorized under the Older Americans Act of 1965.

This plan is the result of input from the Division's Advisory Committees, review of the area plans prepared by the Area Agencies on Aging, input from the Alternative Services unit's case managers and from the public comment obtained from five public forums held across the state.

The Division is indebted to all who provided comments and suggestions.

# DEMOGRAPHICS OF MISSOURI'S ELDERLY

The number of persons 60 years old or over will continue to increase faster than the total population of Missouri.

- The total population in Missouri is estimated to increase about 14 percent between 1980 and 2010.
- The number of persons 60 years old and over is projected to increase about 29 percent during the same time period.
- The increase in persons 60 years and over will not be a constant or steady increase.
  - ✓ Between 1980 and 1990, the number of persons 60 years and over is estimated to increase at least 9 percent.
  - ✓ Between 1990 and 2000, the increase is projected to be about 3 percent.
    - This lowered rate of increase may be due to the lower number of births during the period 1935-39 and 1940-44.
  - ✓ Between 2000 and 2010, the number of persons 60 years of age and over is expected to increase about 15 percent.

The following table shows the estimated number of persons by age group for each ten year period:

## Number of Persons 60 Years and Over, in Thousands

1980 — 2010 \*

<u>Year</u>	<u>60-69 yrs.</u>	<u>70-79 yrs.</u>	<u>80 yr. and Over</u>	<u>Total</u>
1980	434	301	138	874
1990 (Percent change)	445 (2.5%)	322 (7.0%)	188 (36.2%)	956 (9.4%)
2000 (Percent change)	415 (-6.7%)	336 (4.3%)	233 (23.9%)	985 (3.0%)
2010 (Percent change)	543 (30.8%)	322 (-4.2%)	266 (14.2%)	1131 (14.8%)

\* Data sources — Zero Migration Scenario, Missouri Population Projections,  
Missouri Division of Budget and Planning, Feb. - March, 1989

## Demographics continued

Approximately one half of all persons 60 years and over live inside urbanized areas.

- Twenty-six percent live in areas classified as "central cities".
- Twenty-three percent live in areas classified as "urban fringe".

Approximately eighteen percent of all persons 60 years of age and over live outside urbanized areas.

- Slightly over six percent live in cities over 10,000 population.
- Eleven percent live in communities between 2,500 and 10,000 population.

About thirty-four percent of all persons 60 years and over live in areas classified as "rural". This includes communities between 1,000 and 2,500 population.

Approximately 93 percent of all persons 60 years of age and over are white, 7 percent are black and .4 percent are American Indian/Eskimo and Asian/Pacific Islander combined.

Eighty-seven percent of the blacks 60 years of age and over lived in six cities of the state.

- Approximately 27 percent of the blacks who were 60 years and over had incomes below the poverty level.
  - ✓ Eighty-one percent of those with incomes below the poverty level lived in the six cities mentioned above.

Income continues to be a major problem.

- In 1970 about 31 percent of all persons 65 years and over had incomes below the poverty level. In 1980, 17 percent had incomes below poverty level.
- Differences between pre-retirement income and retirement income are great.
  - ✓ The median income for all family householders 55-64 years of age was \$20,378. For those 65 years and over the income was \$11,264.
  - ✓ The 1980 median income for all unrelated individuals was \$4,369 for females and \$4,842 for males.

Median income differences between races is also great.

- Black family householders 55-64 had median incomes of \$16,216 while those over 65 years of age had median incomes of \$9,514.

## Demographics continued

- The median income for black unrelated individuals was \$3,067 for females and \$3,685 for males.

### Poverty also increases with age.

- For the state as a whole 23 percent of all persons 75 years of age and over had incomes below the poverty level.
- For whites the percentage was 22 percent and for blacks it was 35 percent.
- Generally a higher percentage of females 75 years and over have incomes below the poverty level.
  - ✓ For the state as a whole 26 percent of all females 75 years and over have incomes below the poverty level.
  - ✓ For white females, 25 percent have incomes below the poverty level while 40 percent of black females 75 years and over have incomes below the poverty level.

**Selected Characteristics of the Elderly Population by AAA, 1980**

AAA	Number of Persons Aged 60 yrs. and over	Percent Persons Aged 75 yrs. and over	Percent Minority Aged 60 yrs. and over	Percent Persons Aged 60 yrs. and over with incomes below poverty level
Southwest	92,071	29.75	1.08	20.78
Southeast	82,753	28.68	4.38	24.09
District III	56,345	33.12	2.65	17.06
Northwest	60,804	34.99	1.20	17.29
Northeast	48,927	33.78	3.11	16.43
Central MO	83,345	29.62	3.09	17.17
Mid-America				
Regional Council	134,124	30.28	12.09	11.57
Mid-East	184,774	27.21	4.53	6.57
St. Louis	103,984	33.32	31.58	15.76
Region X	30,815	30.25	1.65	19.76

**Percent of Elderly Living Alone by Age Category, by AAA, 1980**

AAA	Number of Persons Aged 60-64	Percent Living Alone	Number of Persons Aged 65-74	Percent Living Alone	Number of Persons Aged 75+	Percent Living Alone
Southwest	23,039	14.28	41,412	23.74	27,513	36.93
Southeast	21,209	15.64	37,556	24.82	23,299	37.10
District III	13,429	14.70	23,776	24.02	19,073	39.05
Northwest	13,744	15.68	25,797	25.96	21,235	39.80
Northeast	11,109	13.58	21,316	25.49	16,346	37.48
Central MO	21,469	14.64	35,914	24.61	24,912	36.25
Mid-America	36,542	17.62	56,963	27.80	39,867	39.35
Regional Council						
Mid-East	54,405	12.01	80,111	21.87	49,795	29.21
St. Louis	23,418	24.22	45,883	33.37	34,044	42.39
Region X	7,799	16.69	13,677	27.69	9,309	42.60

## DESCRIPTION AND ACTIVITIES OF THE DIVISION OF AGING ADVISORY GROUPS

Advocacy for policies and legislation to benefit older persons is the primary focus of the three advisory groups to the Division of Aging. The Governor's Advisory Council, the Missouri Alzheimer's Disease and Related Disorders Task Force and the Silver Haired Legislature work closely with agency staff as well as other organizations representing older Missourians. Their intent is to ensure that the needs and interests of older persons are understood at the state level.

### Governor's Advisory Council:

During the past year, the Governor's Advisory Council on Aging has been charged with reviewing the quality of care in Missouri's long-term care facilities. To accomplish this, members of the Council were divided into three subgroups: Resources, Quality of Life and Community Relations. Recommendations from these three groups are to be submitted to the Governor and the Division. Following the completion of this task, the Council will revert back to its normal structure and tasks. Subcommittees include: Transportation, Employment, Housing & Energy, Health & Nutrition, Elderly Involvement, Education/Training & Research, Ombudsman, Legislative and Executive.

### Alzheimer's Task Force:

The Alzheimer's Task Force was formed by state statute for a three year period, ending December 31, 1989. It was charged with 13 specific tasks relating to increasing knowledge about the disease, its effect and impact on families, possible resources and other needed information.

During the three years of its existence, the Task Force has been instrumental in expanding the network of services and resources for Alzheimer's disease victims and their care givers. The two remaining tasks of the original 13 are possible financial incentives to institutions to implement special programs to meet the needs of Alzheimer's disease victims and investigating possible mechanisms for providing counseling to Alzheimer's disease family members.

### Silver Haired Legislature:

The Silver Haired Legislature is a mock legislative session conducted annually to provide a forum for consideration of possible legislation concerning the elderly. Delegates are elected at the county level; proposed bills and resolutions are introduced, considered at the county level, reviewed and prioritized. Two priority bills and two alternate bills from each Area Agency on Aging are submitted for consideration at the annual Silver Haired Legislative session. Here, they are assigned to committees of the Silver Haired Legislature, who again review and issue a "do pass" or "do not pass" recommendation for each bill. The bills are then considered before both houses and prioritized. The five bills with the highest priority are considered to reflect the will of the Silver Haired Legislature.

## DEVELOPMENT AND OPERATION OF THE AGING NETWORK IN MISSOURI

"Aging Network" is a phrase that refers to those public and semi-public organizations involved in implementing the requirements of the Older Americans Act (OAA). It includes organizations and agencies at the federal, state and local levels.

The Administration on Aging (AoA) was established by the OAA to administer grants to the states, to serve as a clearinghouse for information and to act as a catalyst for the effective use of existing resources for the elderly.

State units on aging are designated by the Governor of each state to administer federal funds received through the OAA, to develop programs and coordinate all state activities related to the OAA. In Missouri, the Division of Aging fulfills these functions. However, it differs from most state units on aging because its responsibilities cover a broad spectrum of the continuum of care. This includes inspection and licensing of nursing homes; services, including case management to the elderly; and investigation and follow-up of possible abuse, neglect and exploitation in both the community and in long-term care facilities. Services are provided from Title XIX or Medicaid funds, Social Services Block Grant funds and General Revenue Funds.

Area Agencies on Aging (AAAs) are authorized by the OAA to be the operational entities responsible for implementation of activities and services funded by the OAA.

While a strict interpretation of the concept "Aging Network" may refer only to AoA, the state unit on aging and the AAAs, the whole array of local organizations and agencies providing services to the elderly are often considered part of the "Aging Network".

### The Missouri Division of Aging:

The Missouri Division of Aging, created by Executive Order on March 29, 1979, consolidated existing services and programs that contribute to the quality of life of older Missourians. Regulatory activities and other functions previously provided by the Bureau of Nursing Home Licensure and Certification, Bureau of Boarding Home Licensure, Office of Aging and specialized units of the Division of Family Services, were merged into the single organization. The Missouri Division of Aging now provides comprehensive planning, coordination and provision of services for the elderly and the distribution of both federal and state funds to the ten Area Agencies.

### Missouri Division of Aging — Institutional Services Section:

The Institutional section is concerned with the quality of care provided by long-term care facilities. It investigates reports of abuse, neglect or exploitation in long-term care facilities, establishes standards and regulations for residential care facilities and nursing care facilities, inspects each residential care and nursing facility in the state and certifies such facilities for participation in the Medicare/Medicaid programs.

### Missouri Division of Aging — Alternative Services Field Operations:

The primary role of the Field Operations unit is to prevent or delay the institutionalization of elderly and handicapped persons and to improve the quality of life of the chronically ill. It does this through approximately 220 Division of Aging case managers distributed throughout the state. They concentrate on providing services to individuals who generally lack the social and financial resources to obtain services and who have intense, chronic and heavy care needs. Services provided include registered nurse visits, personal care, respite, adult day health care, counseling and homemaker/chore. Direct services that may be provided include investigation of abuse, neglect and exploitation, case management, counseling, and information & referral.

Such services may be funded through Medicaid or Title XIX (RN visits, personal care, respite, adult day health care, homemaker/chore) Social Services Block Grant (personal care, homemaker/chore, counseling) and in some areas of the state, Title III funds from the Older Americans Act (personal care, homemaker/chore). Approximately 22,000 persons are served monthly.

The case manager may also function as an information or referral link. Information is typically exchanged with county nurses, home health agencies, provider agencies, discharge planners for hospitals and nursing homes, Area Agencies on Aging and other organizations working with the elderly. Key characteristics of the case management services provided by the Field Operations Unit case managers are the uniform procedures used in comprehensive needs assessments of individuals and the determination of individuals needs for services. In most states, this capability does not exist in the state unit on aging.

### Missouri Division of Aging — Central Registry Unit:

The Missouri Division of Aging also operates the Central Registry Unit which receives telephone reports of possible elderly abuse, neglect and exploitation and refers them to either Institutional or Alternative Services workers for investigation and corrective action. The unit also provides information about the geographic location of services within the state. Elderly needing services or children inquiring about possible location of services anywhere in the state may call 1-800-235-5503 and obtain assistance or information. Reports about possible abuse, neglect or exploitation may be made to 1-800-392-0210.

### Missouri Division of Aging — Area Agency Administrative Unit:

The Area Agency Administrative Unit (AAAU) operates primarily as the liaison to the ten Missouri AAAs. Its' duties include oversight of area agency operation, provision of technical assistance, area plan review and approval, area agency monitoring and management reviews, service delivery monitoring and other activities related to area agency administration, financial management and accountability.

### Area Agencies on Aging:

The OAA provides funds to the AAAs for services to the elderly and for program development and coordination activities leading to community based care systems. A key concept is the idea that each community through coordinated efforts should develop or have access to a full range of services which are responsive to the needs of the elderly. The intent is to help older adults live in the most independent manner possible.

AAAs currently fund about 305 senior centers across the state. They are generally located in areas of high concentrations of elderly, low income elderly, rural elderly or minority elderly. Through the senior center, the older person can access a range of services including transportation, congregate meals, recreation, legal assistance, and information about other services such as home delivered meals, homemaker/chore, personal care, and other items of information of interest and concern. Transportation is regularly provided from surrounding areas to the center, for essential shopping and for medical purposes. The senior center also provides outreach through personal contacts and mass media publicity designed to let the elderly know of its' existence and purpose.

Thus the senior center has two roles: to serve as a visible point of contact in the community for all matters of interest or concern to the elderly, and to provide certain services. When coordinated with the Alternative Services case manager within the community, a range of services are available to the well, the moderately impaired and the severely impaired elderly.

Recent analyses of the distribution of senior centers relative to the distribution of the target populations suggest certain imbalances:

- Sixty-two percent of the senior centers are located in communities of 10,000 population or less.
- Forty-six percent of the persons 65 years and over live in cities of 10,000 population or less.
- Fifty-eight percent of the persons 65 years and over with incomes below the poverty level live in cities with less than 10,000 population.
- Twenty-six percent of the 305 centers are located in the six cities containing 87 percent of all blacks 60 years and over.
  - ✓ These six cities also contain 26 percent of the state's total population of persons 60 years and over.

AAAs are responsible for encouraging and conducting many activities relating to the coordinated community based care systems. These include advocacy, planning, coordination, inter-agency linking, information sharing, brokering, monitoring, evaluation and related activities. AAAs also provide a broad range of services in the four categories of Nutrition Services (congregate and home delivered meals), access services (information and referral, outreach, transportation and other services that enable older persons to access services), In-Home Services (homemaker/chore,

personal care, friendly visiting, telephone reassurance and other services that enable the person to continue to live at home) and Legal Assistance as well as other services that may be needed by the elderly.

For information on service delivery levels and expenditures, please see the charts at the end of this section. AAAs not only use OAA funds to purchase and provide services they also provide services through volunteers. Senior center administrators recruit, train and supervise volunteers who provide a wide range of services to older persons. The following table shows services and the number of persons who received services from volunteers in state fiscal year 1989. The table at the end of this section shows services provided by OAA funds and contributions for SFY 89.

**Summary:**

Missouri has two major sets of organizations concerned with the elderly. One of these are the AAAs, charged by the OAA to provide services to the elderly and to work toward the development of a community based care system.

The other is the Field Operations unit of the Division of Aging, which provides case management services and other services through Title XIX (Medicaid) and the Social Services Block Grant.

As these two groups become increasingly proficient in their duties and responsibilities and as static funding levels become apparent, certain areas of concern emerge. Among these are targeting of services to those in greatest need, case management, coordination of services and development of coordinated community based care systems.

Below is a list of services that the AAA's provide through the use volunteers and staff.

Service	Number of Persons Served •
Advocacy/Representation	8,383
Care Planning	686
Counseling	209
Discount Card	6,700
Education/Training**	426,938
Follow-up/Evaluation/Service Mgt.	358
Guardianship	2
Handyman	268
Homemaker/chore	202
I & R	82,153
Interpretation/Translating	99
Legal	132
Letter Writing/Reading	398
Material Aid	10,557
Outreach	21,011
Payment to Client	3,651
Placement	62
Recreation	119,831
Repairs/Maintenance/Renovation	166
Screening	29,218
Shopping	1,787
Telephone Reassurance	13,829
Treatment	466
Visiting	6,343
<b>TOTAL</b>	<b>733,449</b>

• Recipients are duplicated

\*\* Education/Training includes mass media exposure

**AREA AGENCY ON AGING EXPENDITURES AND SERVICE LEVELS**  
**FOR FISCAL YEAR 1989**

NOTE: THESE FIGURES DO CONTAIN IN-KIND EXPENDITURES

SERVICE	EXPENDITURES	NO. OF PERSONS SERVED*	UNITS PROVIDED
ADVOCACY	\$68,278	6,723	10,224
ALTERNATIVE SUPPORT	\$12,010	37	2,128
ALZHEIMER'S	\$70,184	326	10,344
ART WORKSHOPS	\$7,090	999	185
CARE COORDINATION	\$115,083	1,747	9,679
CHORE/HANDYMAN	\$443	0	0
CHORE/HOMEMAKER	\$1,579,015	6,672	218,769
COMMUNITY CONTACTS	\$60,343	2,134	30,025
COMMUNITY SERVICES	\$112,996	7,280	11,885
CONGREGATE MEALS	\$11,929,307	113,678	3,991,865
CONTRACT MANAGEMENT	\$75,206	0	0
COUNSELING	\$30,741	73	1,010
DAY CARE	\$120,408	145	25,148
EDUCATION/TRAINING	\$6,159	3,366	8,013
ESCORT	\$19,636	1,363	4,364
FRAIL ELDERLY	\$135,329	540	16,417
HEARING CONSERVATION	\$9,652	287	518
HOME DELIVERED MEALS	\$7,915,858	29,989	2,828,657
HOME HEALTH	\$10,377	15	363
HOUSING CONSULTATION/COUNSELING	\$28,648	611	1,835
INFORMATION & REFERRAL	\$630,124	88,157	422,145
LEGAL	\$191,462	3,197	8,925
LTC INFORMATION	\$24,480	984	2,632
NEWSLETTER	\$73,883	81,039	309,826
NUTRITION SUPPORT	\$11,055	618	22,840
OTHER ACCESS	\$20,961	138	877
OMBUDSMAN	\$261,656	5,047	31,301
OUTREACH	\$12,848	6,838	7,460
PERSONAL CARE	\$145,191	234	22,433
PROGRAM DEVELOPMENT	\$139,964	0	0
PUBLIC INFORMATION	\$51,016	42,969	273,605
READER/LETTER WRITING	\$12,277	299	2,549
RECREATION	\$91,836	5,983	254,340
RESPITE	\$16,034	138	5,632
SENIOR DISCOUNT	\$11,496	545	595
SENIOR CENTER FACILITIES	\$371,628	1,485	30,349
SENIOR CENTER SUPPORT	\$268,780	35,862	639,852
SILVER HAIR LEGISLATURE	\$3,500	29,588	344
SPECIAL PROJECTS	\$42,106	3,934	9,560
TELEPHONE REASSURANCE	\$15,365	1,034	23,665
TRANSPORTATION	\$4,931,879	42,177	1,487,666
VISITING	\$12,591	1,269	14,987
VOLUNTEER SERVICES	\$43,679	0	0
<b>TOTALS</b>	<b>\$29,689,574</b>	<b>527,519</b>	<b>10,743,015</b>

\* Persons served may be duplicated

EXTRAPOLATED FROM 11 MONTHS DATA.

## Division of Aging Field Operations Services and Expenditures•

### Case Management

Case managers perform all the elements of case management and investigate and treat abused, neglected or exploited elders and handicapped adults. Case management also includes the provision of information and referral services.

- Direct Services

14,948 Assessments, service plan development & service authorizations

17,263 Reassessments, service plan development & service authorizations ■

22,898 Unduplicated clients served

- Protective Services

8,410 Abuse, neglect, exploitation hotline reports received

7,004 Unduplicated reported adults investigated

(another 473 investigated, unable to "unduplicate")

- Pre-Admission Screening

4,268 Explain services

76 Assess for nursing facility placement

4,344 Unduplicated clients served

- Purchased Services

Utilized by case managers as part of the service plan developed for each client at each assessment.

<u>Service</u>	<u>Expenditures</u>	<u>No. of Persons Served</u>	<u>Units Provided</u>
Homemaker/Chore/Personal Care	\$24,363,570	25,873	3,365,134
Respite	111,732	106	3,192 days
Adult Day Care	783,325	342	29,012 days
Registered Nurse Visit	33,982	148	1,545
Counseling	79,737	178	4,675
Title XIX Case Management	975,995	12,894	48,800
Totals	\$26,348,341	39,541••	3,452,358

• Preliminary data for Fiscal Year 1989

•• Some clients received multiple services.

## PROJECTED FINANCIAL PLAN FOR SFY 90

### RESOURCES TO BE USED FOR STATE AGENCY ACTIVITIES

	TITLE III OAA	OTHER OAA	MATCH TO OAA FUNDS	TOTAL
Title III	\$809,270	\$0	\$0	\$809,270
Title III LTC Ombudsman	\$62,501	\$0	\$0	\$62,501
Other Older American's Act Funds	\$0	\$24,810	\$0	\$24,810
State Funds	\$0	\$0	\$278,027	\$278,027
<b>TOTAL</b>	<b>\$871,771</b>	<b>\$24,810</b>	<b>\$278,027</b>	<b>\$1,174,608</b>

## SFY '90 PROJECTED PROGRAM ALLOCATIONS BY AREA AGENCY••

AAA	SUPPORTIVE SERVICES	NUTRITION SERVICES	FRAIL ELDERLY	SCSEP SERVICES	OTHER SERVICES	STATE MATCH FUNDS	TOTAL AAA
Southwest Mo Office on Aging	\$ 826,474	\$1,452,519	\$11,133	\$ 60,341	\$ 0	\$ 79,079	\$2,429,546
Southeast MO District III	755,790	1,557,558	10,085	165,937	18,813	71,635	2,579,818
Northwest MO	526,675	1,027,302	6,972	125,710	13,007	49,526	1,749,192
Northeast MO	593,773	1,128,335	7,750	65,369	14,478	55,053	1,864,758
Central MO	477,841	1,077,473	6,080	70,397	11,342	43,187	1,686,320
Mid-America Regional Council	742,828	1,516,164	9,898	85,483	18,465	70,309	2,443,147
Mid-East	1,130,949	1,894,778	15,490	336,902	28,897	110,032	3,517,048
St. Louis Region X	1,385,137	2,370,619	19,153	482,725	60,852	136,048	4,454,534
	990,536	1,800,921	13,467	196,107	0	95,661	3,096,692
	314,383	587,153	3,725	40,227	6,948	26,458	978,894
<b>TOTAL</b>	<b>\$7,744,386</b>	<b>\$14,412,822</b>	<b>\$103,753</b>	<b>\$1,629,198</b>	<b>\$172,802</b>	<b>\$736,988</b>	<b>\$24,799,979</b>

••does not include in-kind and estimated contributions

## DEVELOPMENT OF THE STATE PLAN

Development of the State Plan was based on a review of the FY-90 area plans submitted by the AAAs, a survey of the Field Operations case managers, input from their supervisors, and current knowledge of DA central office workers. An abstract of the proposed Plan was then developed and presented at five public forums across the state.

The first purpose of the forums was to obtain public comments and input about the Plan. Many of the comments pertained to specific action objectives. Where possible a number of these were incorporated into the final State Plan.

A review of the comments that could not be incorporated into the objectives at this time indicate some of the concerns of the public. Among them were:

- Regulation of life care facilities to ensure fiscal soundness and protection of purchasers funds.
- DA assistance to nursing homes before major problems develop.
- Clarification of service eligibility requirements.
- "Spend down" requirements for eligibility for long-term care and other services.
- Need a central information point in each county or community.
- Expand "old" services before adding "new" services.
- Facilitate obtaining accurate and precise information about available services.
- Do something to reduce the suicide rate of the elderly.
- Need "meaningful" employment for the elderly.

The second purpose of the forums was to discuss four concerns about the aging network as it exists in the state. Missouri is actively involved in providing purchased and direct services, including case management services to the elderly. These services are made available through a system of 220 case managers distributed throughout the state. At the same time Missouri also has ten individual AAAs actively involved in carrying out the mandates of the OAA.

It is the coordination of these two types of organizations and their goals which form the basis for the four concerns presented at the public forums.

The four concerns were:

- targeting services to those in greatest need,
- case management,
- coordination of services; and the
- development of coordinated community based care.

Ideally, agencies and organizations serving the elderly and handicapped adults should form a system in which there is minimal fragmentation or separation. In such a system there would be a range of options to meet various needs, special help or targeted resources would be available for the most vulnerable elderly and handicapped, information

would be easily obtained and reliable and the elderly person would obtain the same information by going to any of the organizations in the system. In addition, elements of the system would be highly visible and anyone could go or call any element for help, information, or referral on any aging issue.

In actuality, such a situation may not exist in many areas of Missouri.

The Division of Aging has these concerns because the DA Field Operations unit and the AAAs do not have common or standard procedures in those areas. They do not have a common means for:

- Assessing and prioritizing individual needs for services,
- Determining when a person is in need of case management services,
- Making their respective services available to the most vulnerable elderly, and
- Cooperating in the development of coordinated community based care systems in each community.

The Division believes these are important concerns, and with the cooperation of the AAAs, is beginning to work toward resolving them.

# NEEDS, PROBLEMS AND OBJECTIVES

## FISCAL YEARS 1990-91

The twelve categories shown below have been selected for the grouping of problems, needs and concerns facing older Missourians. It is anticipated that these categories can be changed or redefined to fit changing needs or emphases.

The state plan objectives are grouped into the twelve categories or functional areas. A goal statement which serves as a framework for the specific objectives addresses each functional area. Objectives within a functional area are placed into one of three categories which encompass all activities. The categories are:

Access Services/Advocacy: activities to initiate, modify or eliminate public or private policies in order to reduce barriers and improve responsiveness to the needs and concerns of older persons.

Service Development/Delivery: activities designed to expand, develop or improve the process of providing a specific service to an older person, especially those in greatest social or economic need, giving particular attention to low income minority.

System Management: activities designed to improve the organization or structure of service delivery systems so that services are accessible and responsive to the needs of the elderly.

### Section 1: Nutritional Status

Nutrition is important in maintaining good health, a sense of well-being and reducing as much as possible the debilitating effects of chronic disease conditions. Many people do not eat adequately because they cannot afford it or believe they cannot afford it. They may lack the skill or interest to select and prepare proper nourishing meals, they may be limited in mobility which impairs their ability to shop and cook for themselves or they are lonely which reduces their incentive to prepare and eat a meal by themselves. The primary emphasis of the nutrition program is to improve the nutritional status of the elderly in ways that will enhance their health and well-being.

*Goal: Elderly persons to enjoy maximum health and well being as a result of adequate nutritional status.*

#### Access Services/Advocacy:

1. Advocate for the expansion of congregate and home delivered meals program to meet the needs of more elderly persons.

Service Development/Delivery Objectives:

2. To sponsor, in conjunction with the Missouri nutrition program directors and MA4, a nutrition conference for nutrition program staff and consultants in the four-state region and neighboring states.
3. To conduct two training and information sharing sessions for Area Agency nutrition program staff.
4. To publish a quarterly newsletter for senior center staff with current food, nutrition and management information that can be used in center operations and for nutrition education for seniors.
5. To increase compliance with the Division's nutrition standards through ongoing technical assistance and monitoring.

System Management Objectives:

6. To utilize the management analysis system to continue to improve productivity of the Missouri nutrition program and thus increase the number of meals served.

## Section 2: Maintaining Rights of Long-Term Care Recipients

When an individual can no longer care for himself, even with support services, it may be necessary to move into a long-term care facility. Many times the individual may be under the mistaken impression that they must give up many individual rights. Or they may encounter situations or problems which they cannot resolve by themselves. The Long-Term Care Ombudsman program is designed to provide assistance in such situations. Volunteer ombudsman are trained and assigned to specific facilities for the purpose of conducting regular visits with residents and staff of the facility. Through this approach relationships are developed which can result in the resolution of problems to the satisfaction of all concerned.

*Goal: Resolution of complaints relating to health, safety, welfare or individual rights for recipients of long term care services.*

Access Services/Advocacy Objectives:

1. Increase the number of ombudsman volunteers, facilities and residents participating in the program.
2. Advocate for the expansion of the Long-Term Care Ombudsman Program in order to meet the needs of long-term care residents.

Service Development/Delivery Objectives:

3. Implement ombudsman training standards.

4. Finalize and use the Missouri Ombudsman Training Manual.
5. Review all recommendations of the Governor's Advisory Council Initiative on Long-Term Care.

System Management Objectives:

6. Develop ombudsman program standards.

### Section 3: Transportation Needs

Many elderly persons need transportation to get to medical resources, to purchase food and necessary supplies, to conduct necessary affairs related to every day living and to have opportunities to see and visit with others. U.S. Census data indicated there were approximately 92,000 persons or approximately 15 percent of all persons 65 and over who could not use public transportation. The Census also indicated that 29 percent of all households in which one or more of the householders were 65 years or over did not have a vehicle available for use. Provision of dependable and consistent transportation is necessary for persons who are unable to drive, who lack access to other means of transportation or who do not have access to a vehicle.

*Goal: Provision of consistent, quality transportation services that meet needs of elderly through coordinated transportation systems.*

Access Services/Advocacy Objectives:

1. Share information pertaining to coordinated transportation with Area Agencies on Aging, the Silver Haired Legislature, the Governor's Advisory Council, Division advisory committees and other groups on matters relating to coordinated transportation.
2. Advocate for the expansion of transportation services to meet the needs of more elderly persons.

System Management Objectives:

3. Participate in the development and implementation of policies and procedures developed by the Coordinating Council on Special Transportation and the Interagency Committee on Special Transportation.
4. Implement policies and procedures developed and approved by the Interagency Committee on Special Transportation.

## **Section 4: Coordinated Community Based Care**

Community based care refers to an approach or manner of providing services to Missouri's elderly. Development of coordinated community based care systems in each community is a carefully defined responsibility of the AAAs under the OAA. The Missouri Division of Aging with its 220 case managers throughout the state can be an important part of each community based system. Although such "systems" do not exist in many parts of the state they can play an important role in the accessing and provision of services to the elderly and the Missouri Division of Aging is extremely interested in fulfilling its responsibility as a part of each community system.

Two of the major actors in the development of community care systems are AAAs and the Division of Aging's Alternative Services Field Operations unit. The AAAs have an important role in the community based care system. Under the OAA they have been designated to work with community leaders throughout their respective planning and service areas to develop coordinated community based care systems. They also provide a wide range of services including congregate and home-delivered meals, transportation, legal assistance and many others. There are no restrictions on the kind of services that AAAs can provide to the elderly and they can and do play a major role in "gap-filling" or the provision of services outside the funding source limitations of the Alternative Services Field Operations unit.

*Goal: Implementation of coordinated community based care systems in all applicable communities.*

Access Services/Advocacy Objectives:

1. Provide an opportunity for members of the aging network and the elderly to discuss their respective needs and views through an annual Governor's Conference on Aging.
2. Plan and conduct appropriate activities in preparation for the 1991 White House Conference on Aging.
3. Advocate for the expansion of in-home services to meet the needs of more elderly and handicapped persons.
4. Advocate for additional General Revenue funding to supplement services currently available only through Title XIX for the chronically ill non-Medicaid population.
5. Continue to target and serve those elderly and handicapped populations in Missouri with the highest level of care and protective service needs.

Service Development/Delivery Objectives:

6. Demonstrate methods for responding to the health and social service needs of the dependent elderly.
7. Maintain automation of Social Services Block Grant authorization/payments.
8. Refine the utilization of the Division's client tracking system (LTACS) to improve its ability to reveal client needs and the exact characteristics of specific client populations.
9. To promote Silver Citizen Discount Card expansion and attempt to establish a reciprocity agreement with other states.
10. Continue a cooperative effort with the Department of Elementary and Secondary Education using the federal dependent care grant awarded to Missouri to develop intergenerational programs in local communities. These programs include joint adult and teenage GED classes, respite care demonstration projects, utilizing older adults for "latch-key" children, and a volunteer promotion initiative.
11. Develop and distribute a "Pre-Admission Screening" information brochure.
12. Identify and implement strategies for increasing minority participation at senior centers.
13. Determine feasibility for maintaining a list of in-home workers terminated for theft, abuse, etc. by revising state statutes.

System Management Objectives:

14. Enhance the program planning and development unit in central office.
15. Decrease the average number of clients per case manager.

## Section 5: Alzheimer's Disease & Related Disorders

Alzheimer's disease is a progressive, deteriorating, incurable disease that leads to death--usually after a period of about seven to ten years. It is the most common form of dementia, but it is not a normal consequence of aging. At the present time there is no known cure and the prognosis for victims is poor. Because of the debilitating nature of the disease family members or others must provide 24 hour care and become virtually prisoners in their own homes. Because there is no medical treatment and most care is custodial Medicaid and most private insurance does not cover such care.

Depending on personal finances and the length of time involved costs of the illness may eventually result in impoverishment. It is estimated that more than 50 percent of all nursing home admissions are due to Alzheimer's or related dementia. Primary emphasis in current programming is to develop a network that aids victims and their families through education, patient and family services such as respite, advocacy and encouragement of research resulting in a possible cure.

*Goal: Increased public awareness and services to the mentally impaired elderly, including those who are victims of Alzheimer's Disease, and their caregivers including families, friends and neighbors.*

Access Services/Advocacy Objectives:

1. Creation of an Alzheimer's Education and Training Center for the purpose of coordinating activities relating to Alzheimer's disease and related disorders (AD), maintain information relating to AD, provide training related to AD, disseminate information related to AD and link families of AD victims and professionals of all disciplines with resources at the local, state, and national levels

Service Development/Delivery Objectives:

2. Encourage development of Alzheimer's support groups in all counties.

System Management Objectives:

3. Creation of an Alzheimer's Education and Training Center advisory board based on representation from chapters of the not-for-profit organization dedicated to education and family support of victims of AD.

## Section 6: Legal Problems

Legal assistance is important to the elderly because of limited income and legal problems somewhat different than those of the general population. They may encounter difficulties in obtaining various public or private benefits, problems regarding guardianship, conservatorship or involuntary commitment procedures, difficulties due to age discrimination and in obtaining credit, problems associated with insurance, Medicare or Medicaid, financial exploitation, consumer problems and many others. In addition, they may be unfamiliar with legal remedies, and may be afraid to risk limited resources to address possible wrongs.

*Goal: An adequate quantity and quality of legal assistance services that meet the needs of older Missourians.*

Service Development/Delivery Objectives:

1. Facilitate quarterly meetings and/or training for Area Agencies on Aging and legal assistance providers.

2. Encourage Area Agencies and legal assistance providers to provide community education programs on government benefit programs such as Social Security, Medicare, supplementary security income as well as other consumer issues.
3. Coordinate programming with the Missouri Association of Life Underwriters, Area Agencies and the Missouri Division of Insurance to provide consumer information on health care insurance and related issues.
4. Encourage provision of pro-bono (free) legal assistance to the elderly with minimum income levels.

System Management Objectives:

5. Provide technical assistance to Area Agencies on the selection and use of legal assistance providers providing assistance to the elderly.
6. Encourage increased funding and access to legal assistance, especially for the home bound and those in greatest need by sharing information on potential funding sources.

## Section 7: Information Needs

One of the goals of the Division of Aging is to assure that older persons have the best quality of life in the least restrictive environment. An Information & Referral (I & R) system is essential to such a goal. It attempts to link a person with specific needs or problems to a specific provider who will provide the appropriate assistance or service.

Currently I & R systems are available at local levels and at the state level. Local I & R systems are of three types: a centralized system usually located at the Area Agency of Aging central office and using a toll-free number; a decentralized system which places responsibility at the senior center level; and a combination system in which the senior center handles local I & R calls and refers others to the central office of the Area Agency on Aging.

The Central Registry unit of the Division of Aging operates a toll-free system which responds to calls about suspected abuse, neglect and exploitation as well as Information and Referral calls.

*Goal: Easy access to information about services for the elderly, their families and caregivers.*

Service Development/Delivery Objectives:

1. Enhance the statewide I & R system to facilitate follow-up inquiries of persons requesting information.
2. Provide appropriate training to users, including data-linked Area Agencies, on use of the I & R Tracking System.
3. Review and modify the state I & R system resource file to improve accuracy and accessing of information.
4. Develop and implement feasible alternatives for distribution of information of interest to the aging network.

## Section 8: Wellness Promotion

Most of the diseases that affect older adults are lifestyle diseases including conditions such as lung cancer, diabetes, and heart disease that are strongly linked to risk factors such as cigarette smoking, poor nutrition, lack of regular exercise and chronic stress. Eighty percent of older persons suffer from one or more lifestyle diseases and chronic conditions. About one half of all older persons are somewhat limited in their activities as a result of these diseases.

Health and fitness promotion assumes and reinforces the premise that older adults are capable of learning about and promoting their own health if given access to the information and skills needed. Chronic disease accounts for a relatively long period of infirmity toward the end of life and while there may be little hope of a cure through the traditional medical model, the onset of such diseases may be postponed through modification of the risk factors mentioned above.

*Goal: Broad awareness among the elderly of health promotion services, information, research findings, and other factors relating to maintenance of good health.*

Access Services/Advocacy Objectives:

1. Provide assistance in development of informational materials pertaining to health and wellness promotion.

Service Development/Delivery Objectives:

2. Coordinate with the Missouri Department of Health in promotion and leadership training for Growing Younger and Growing Wiser programs.

## **Section 9: Employment Training For Older Individuals**

Employment opportunities for persons 55 to 65 years of age have traditionally been scarce. Yet persons in this age bracket often need full-time rather than part-time employment because of financial and family responsibilities. The Senior Community Service Employment Program provides subsidized on-the-job training for persons who meet the age and income guidelines of the program and helps them obtain suitable employment in non-subsidized employment. The goal of the program is to assist older workers to become contributing rather than dependent members of society.

*Goal: Appropriate employment opportunities for all older workers, through elimination of long term systemic barriers.*

### Access Services/Advocacy Objectives:

1. Provide staff support to the Employment Subcommittee of the Governor's Advisory Council to encourage recognition and resolution of employment barriers to the Governor.
2. Encourage participation of the Senior Community Service Employment Program specialist in the state, regional and national conferences to represent the employment needs of individuals 55 years of age and over and to keep informed on employment related issues to support state employment programs.

### System Management Objectives:

3. Provide assistance to the Area Agencies on how to identify resources that provide employment services for older persons and how to assess needs and make appropriate referrals by conducting a minimum of one training session annually for Area Agency Title V personnel.
4. Continue to develop working relationships with other agencies such as Job Development and Training, Employment Security, and SCSEP national contractors through coordination meetings and at least one annual, joint training session.
5. Monitor each Area Agency regarding full utilization of all allocated SCSEP funding on an annual basis.
6. Provide staff support to the Employment Subcommittee of the Governor's Advisory Council in development of an informational flyer emphasizing the state I & R system 800 number, as a source of employment resources in each community.

## Section 10: Housing Options

About 40 percent of all elderly homeowners and renters live in housing built in 1939 or earlier. In 1989 these structures are approaching at least 50 years of age. Approximately 72 percent of all persons 65 years of age or over own their home and about one half have incomes of less than \$10,000 per year. The average size of households is also decreasing. In 1970 the average size of a household was 3.1 persons. In 1980 it was 2.7 persons and by the year 2000 it is expected that there will be an average of 2.3 persons per household. Approximately 60 percent of all persons 60 years and over live in homes with 5 or more rooms.

The factors of home ownership, declining income after retirement which may make home maintenance more difficult, the number of persons per household and the age of the housing stock are causing increased interest in alternative forms of housing. Alternative forms of housing refers to housing choices other than the typical single family detached dwelling. It may include accessory apartments, which are essentially apartments within the home of an adult child; ECHO housing, which are freestanding removable homes which may be installed adjacent to an adult child's home; supportive housing which may be an apartment or detached housing providing various forms of supportive care; and home equity conversion plans. Each has its advantages and disadvantages. Recognizing that individual needs, desires and circumstances differ, the Division cooperates with various organizations that provide information helpful to senior citizens in analyzing possible alternatives.

*Goal: A wide range of available housing options at reasonable cost*

### Access Services/Advocacy Objectives:

1. Increase public awareness of various forms of alternative housing for the elderly through sharing of programmatic information at quarterly intervals with Area Agencies, the Governor's Advisory Council, the aging network and general public.
2. Promote the availability and use of alternative housing forms and living arrangements through participation in Consumer Housing Information Service for Seniors (CHISS), Elderly Cottage Housing Opportunity (ECHO) and other pilot projects endorsed by the Administration on Aging, American Association of Retired Persons (AARP) and University of Missouri Extension Services.

## Section 11: Education and Training

Lack of knowledge about the aging process has created and maintained misunderstandings and myths about growing older which affect all segments of

society. This lack of understanding has an adverse effect on the elderly themselves, caregivers, service providers and others. The expansion of interest in the elderly has also resulted in the creation of new organizations, providers, concepts, responsibilities and roles. These entities need knowledge relative to their responsibilities and development of appropriate skills and attitudes.

*Goal: Improve service delivery to the elderly by increasing and improving the knowledge, skills and attitudes of Division of Aging staff and other personnel funded by the Older Americans Act.*

Access Services/Advocacy Objectives:

1. Provide staff support and guidance to statewide senior advocacy groups, in particular the Silver Haired Legislature (SHL) and the Governor's Advisory Council on Aging (GAC).

Service Development/Delivery Objectives:

2. Coordinate and expand the internship and fellowship programs of the Division statewide to assist students in the field of gerontology and management.
3. Develop and conduct training sessions relative to use of chemical and physical restraints and overmedication.

System Management Objectives:

4. Conduct two training programs to assist Division of Aging staff and service providers in identifying, reporting, investigating, intervening, and counseling the abused, neglected or exploited older or handicapped person.
5. Provide training on aging issues and program management to AAAs and Division staff.
6. Provide one training program per year for AAA board chairpersons and vice-chairpersons on running meetings effectively.
7. Provide training to each entire AAA board on selected topics.
8. To encourage and make funds available for staff to attend training sessions and conferences, where necessary for expansion of knowledge and skills.

## Section 12: Management

Management refers to two aspects of the Division's current operational responsibilities. One is the development and codification of policies and procedures and development of certain support services necessary for organizational operation. The second concerns the Division's oversight responsibilities for Area Agencies on Aging operations and activities and the delivery of appropriate technical assistance. The Division proposes to work toward implementation of these activities to the extent possible under existing resource limitations.

*Goal: Improved management of overall operations of Division of Aging, including state and Area Agency operations, general administrative support, training, program planning, monitoring and evaluation activities.*

System Management Objectives:

1. Review, revise and update as appropriate, the program manual and Code of State Regulations pertaining to Division of Aging activities.
2. Develop and implement appropriate review, analyses and evaluation of Area Agencies on Aging planned and actual service delivery and unit costs.
3. Develop and implement, in conjunction with Area Agencies on Aging, appropriate long range planning for services to the elderly.
4. Develop and implement appropriate management review of Area Agencies on Aging.
5. Improve financial management fiscal reporting and financial accountability of Area Agencies on Aging.

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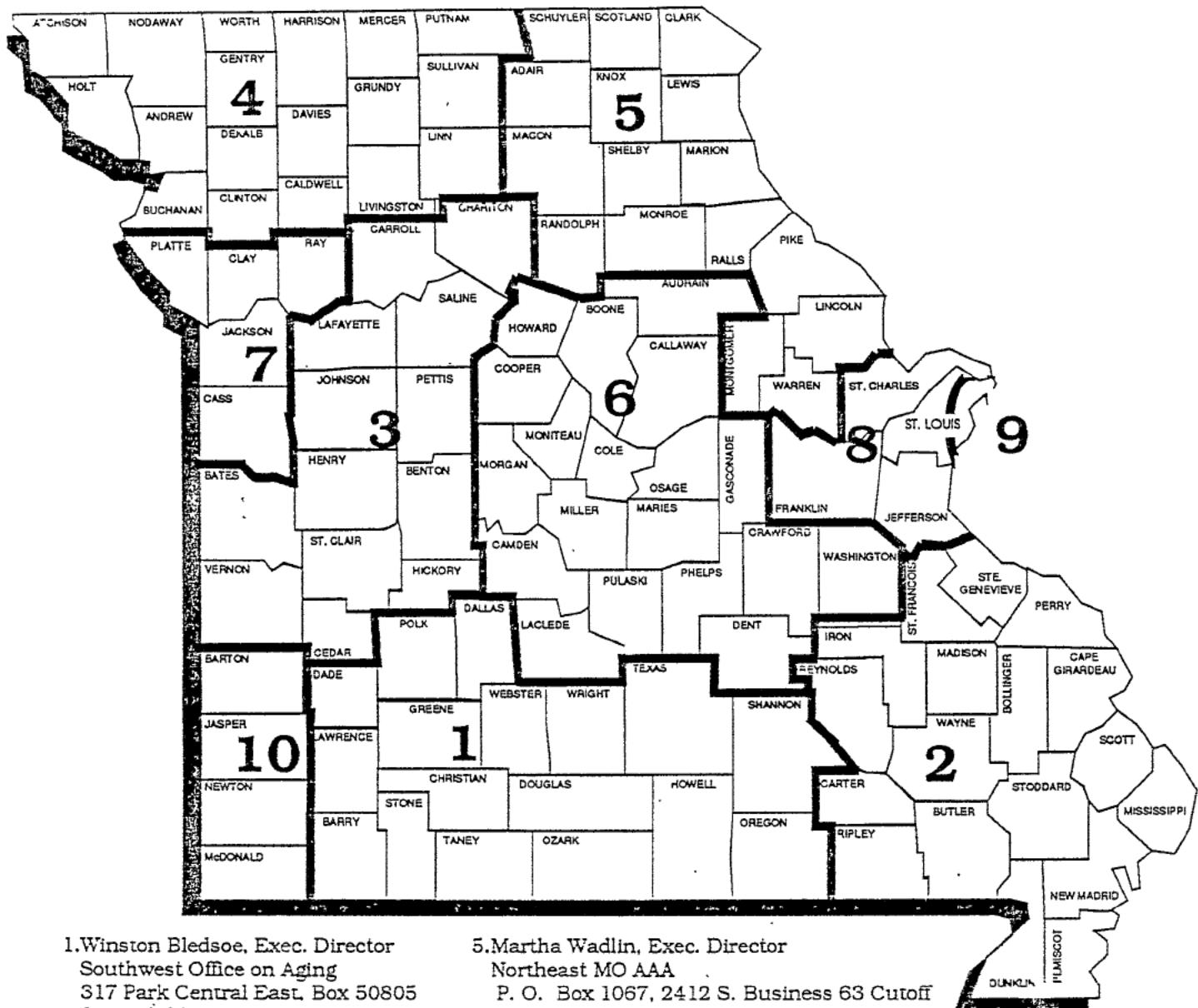
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